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PLACE: Chicago ____DATE 8/26/02 DOCKET 02-0273 Attorney TITLE Rosemary Triplett NAME ADDRESS P.O. Box 23501, Chicago, IL 60623 **773-521-3115**5 PHONE NUMBER Jerome Malry d/b/a ESM APPEARING FOR SULLIVAN REPORTING COMPANY OFFICIAL REPORTING TWO NORTH LASAILE STREET CHICAGO, IL. 60602 ORDER FOR OFFICIAL TRANSCRIPT I, hereby order the transcript of the proceedings in the above-titled matter, for which I agree to pay as follow: copy (copies) REGULAR DELIVERY(12 Business Days) at \$3.25 per page per copy: copy (copies) EXPEDITED DELIVERY(5 Business Days) at \$8.50 per page per copy: copy (copies) DAILY DELIVERY(1 Business Day) at \$10.75 per page per copy: copy of ASCII DISK at \$25.00 (per reporter) copy of CONDENSED TRANSCRIPT with key word index \$25.00 (per reporter) Please note: ascii & condensed prices are in addition to full size copy not in lieu of. P.O. Box 23501, Chicago, IL 60623